

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Shoes, Therapeutic	Protocol #: PA P215.02 Protocol Pages: 2 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Shoes, Therapeutic. **HealthSelect only covered if shoes are an integral part of an orthopedic brace or support.**

PROTOCOL:

- A. The prior-authorization specialist may approve if the following are present:
 - 1. The shoes are an integral part of an orthopedic brace or support;
 - 2. The patient has diabetes and
 - 3. One of the following is present:
 - a) Previous amputation of part or all of the foot,
 - b) History of foot ulcerations or pre-ulcerative calluses,
 - c) Peripheral neuropathy with evidence of callus formation,
 - d) Foot deformity **or**
 - e) Compromised circulation;
 - 4. The patient is being treated under a comprehensive plan of care that includes the therapeutic shoes **and**
 - 5. The shoes must be fitted and furnished by a podiatrist, pedorthotist, orthotist or prosthetist.
- B. The following items may be covered under this benefit:
 - 1. Custom molded shoes;
 - 2. Depth shoes;
 - 3. Inserts and substitution of modifications for inserts, such as rigid rocker bottoms, roller bottoms (sole or bar), metatarsal bars, wedges (posting), offset or flared heels, velcro closures or inserts for missing toes.
- C. No more than one pair of custom molded shoes (including inserts) and two additional inserts – **OR**— one pair of depth shoes and three pair of inserts (not including the non-customized

removable inserts provided with such shoes);

- D. Not covered: Orthopedic shoes or supportive devices for the feet except when shoes are integral parts of leg braces, unless patient qualifies for both diabetic shoes and leg brace;
- E. This criteria is a guideline for prior authorization and does not represent a standard of practice or care and
- F. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- G. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.